Organizational Development & Practice Improvement
Quality Improvement Administration

Quality Service Review

2007

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1. Introduction

The Child and Family Services Agency (CFSA) is committed to providing quality care to the children and families we serve in the District of Columbia. To enhance case practice and system performance, we have fully instituted a Quality Service Review (QSR) process to gather data and provide feedback about individual child welfare cases and the system as a whole. CFSA began using this tool in October 2003, in partnership with the Center for the Study of Social Policy (CSSP), to supplement quantitative data we were already assessing. The QSR examines case practice, systems, and outcomes for individual children and families to identify strengths and areas that need improvement. Together, quantitative and qualitative data provide a deeper understanding of family dynamics and needs and of service delivery system performance. While the QSR does not include a large enough sample to generalize findings to the entire population of children and youth in the District's child welfare system, it does provide a snapshot of what is working and not working for those in the sample.

Quality Service Reviews are an essential component of CFSA's continuous quality improvement (CQI) approach to sustaining best practices and a high performing service delivery system. CFSA purposefully aligned tenets of the agency-wide Practice Model – which outlines values, guiding principles, and practice protocols – with QSR indicators. Following a series of semi-annual QSRs, we shifted the process in 2007 to unit-based review of CFSA cases and an annual review of private agency cases. The unit-based approach increases opportunities for peer networking and for staff to experience and receive training in application of the QSR and CFSA Practice Model protocols. In the future, we hope to expand this unit-based strategy across private agencies with child welfare case management responsibility.

The QSR process involves social workers providing background information on each case in the sample. Pairs of reviewers go through each case record for additional background information, which allows them to assess how social workers use written assessments and evaluative information in case planning and decision-making. Reviewers interview as many stakeholders as possible, beginning with the social worker and including the child, birth parents, caregivers, guardian *ad litem*, family members, school staff, service providers, and others. Reviewers then rate a series of indicators that assess the status of the child, parent/caregiver, and system. Next, they conduct a debriefing with the social worker and supervisor to share strengths, challenges, and recommended next steps regarding the case. For each case in the sample, reviewers write a narrative or "case story" that highlights effective case practices and areas in need of improvement.

Cases reviewed during the QSR are randomly selected. For unit-based QSRs, one case is chosen per social worker in the unit. Units had between two and five social workers. The case review process is the same as for unit-based and larger QSRs, with two notable additions at the unit level.

- In addition to debriefing the social worker and supervisor connected with each case, QSR specialists conduct a case staffing to discuss two cases selected by the supervisor.

The case staffing is a meeting with the entire unit and members of the QSR unit to discuss in detail the strengths, challenges, and next steps for cases. It provides an opportunity for participants to collectively problem-solve how to overcome barriers and move children to permanence. The unit can continue to use this model to discuss other difficult cases and to share information and strategies.

- For each case reviewed, QSR specialists develop specific next steps collaboratively with the social worker. Two months after the review, QSR specialists return to evaluate whether or not social workers implemented these steps and whether they improved the status of the case.

Recognizing that approximately half of the children and families in foster care in the child welfare system of the District of Columbia are served via private agency providers, beginning in 2008 the QSR Unit will partner with the private agencies to develop a process for follow-up on recommendations made for cases in the private agency review as well.

In 2007, CFSA reviewed a total of 76 cases using the QSR process: 36 CFSA cases from ten units using the unit-based process and 40 randomly selected cases at 15 of 18 private agencies in October. The three agencies that did not have a case reviewed each have one percent or less of the children in foster care. We completed a total of 579 interviews—eight per case, on average. Trained reviewers from CFSA, CSSP, the Consortium for Child Welfare, CFSA's Citizen Review Panel and experienced consultants from other states partnered to conduct the QSRs. Quantitative data, case stories, and identification of reviewers appear in the appendices.

Table 1: Characteristics of QSR Sample

Case Management Responsibility	CFSA	36	
	Private provider	40	
Length of Time Case Open	0-2 years	32	
	3-5 years	21	
	6-8 years	13	
	9-15 years	10	
Placement Setting	Therapeutic Foster Home	18*	
	Traditional Foster Home	16	
	Kinship Foster Home	10	
	In-home	9	
	Residential Treatment Facility	8	
	Independent Living Program	4	
	Pre-adoptive home	4	
	Group Home	4	
	Medically Fragile	1	
	Not in Legal Placement	1	
	Protective Supervision	1	
Permanency Goal	APPLA	30	
	Adoption	15	
	Guardianship	13	
	Reunification	9	
	In-home	9	
Age/Gender	Age	Male	Female
	0-5	7	3
	6-10	7	7
	11-15	12	7
	16-20	10	23

*We counted two therapeutic placements in other categories. One child was in therapeutic placement with his aunt, who was seeking guardianship. The therapeutic foster parent of another child had signed a letter of intent to adopt him.

Sample

Quality Improvement invited three case-carrying units at CFSA to participate in the pilot of the unit-based QSR and selected the remaining seven units at random. All cases, whether CFSA or private agency, were randomly selected from each social worker's caseload. Each private agency had between one and 11 cases reviewed, approximately in proportion to the number of cases each manages.

Children and youth involved in these cases ranged in age from one to 20.5 years. Their cases had been open from three months to 15 years. Average time in care was 4.3 years. Median time in care was 2.9 years. Table 1 provides details about the sample.

QSR Protocol

In the fall of 2004, national experts from Human Systems and Outcomes, Inc. facilitated meetings to tailor a QSR protocol specifically for the District's child welfare system. Representatives from all areas of CFSA, the Healthy Families/Thriving Communities Collaboratives, Consortium for Child Welfare, Foster and Adoptive Parent Advocacy Center (FAPAC), and DC Kids (Children's National Medical Center) participated in the development process. Since then, we have tailored the protocol to conduct focused QSRs that looked at in-home cases and cases involving teens.

Protocol Structure

The QSR protocol has three sections: **Child Status**, **Parent/Caregiver Status**, and **System Status**. For Child Status, reviewers examined the situation of the child within the past 30 days for the indicators shown in Table 2.

Table 2: Child Status Indicators

• Safety	• Emotional/behavioral well being
• Stability	• Academic status
• Permanence	• Responsible behavior
• Health/physical well being	• Life skills development

Table 3 lists the four indicators of Parent/Caregiver Status. Parents are rated only if they have an in-home case or the child's goal is reunification. Caregivers include foster and kinship parents and staff of group homes, independent living programs (ILPs), and residential treatment centers (RTCs).

Table 3: Parent/Caregiver Status Indicators

- Physical support of the child
- Emotional support of the child
- Participation in decisions
- Progress toward safe case closure

Table 4 lists indicators of System Status, which assess overall child welfare system performance based on a specific practice framework. This framework is the basis for CFSA's Practice Model. The system includes all people working with the child and family, such as child welfare staff, school staff, service providers, and legal personnel.

Table 4: System Status Indicators

Practice Performance Indicators	Attributes and Conditions of Practice
• Engagement	• Tracking and adjustment
• Coordination and leadership	• Pathway to safe case closure
• Team formation and functioning	• Maintaining family connections
• Assessment and understanding	• Family Court interface
• Case planning process	• Medication management
• Implementation	• Informal family support/connections

Collectively, these three sets of indicators allow us to thoroughly assess the functioning of the child welfare system as represented by the cases reviewed, to identify what's working and areas for improvement in working with children and their parents, caregivers, and other service providers.

Protocol Scoring

Reviewers score indicators based on a six-point scale. Table 5 presents the "QSR Interpretive Guide for Child Status" as an example. The scale runs from **1—adverse** status—to **6—optimal** status. After scoring, the protocol provides two options for viewing findings:

- By **zones**—**Improvement**, **Refinement**, or **Maintenance**
- Or by **status**—**Acceptable** or **Unacceptable**.

We used status as the basis for analyzing data from QSRs in 2007. Appendix A provides charts for each indicator according to both zones and status.

The QSR is a qualitative tool and the review sample is not representative, making it impossible to generalize findings. Findings do offer insights into ways to improve practice, however. Information in the case stories is the primary source of areas identified as strengths and challenges.

Table 5: Example of QSR Scoring Protocol

QSR Interpretive Guide for Child Status

Zones	*Scoring*	*Status*
MAINTENANCE Status is favorable. Maintain and build on a positive situation.	6 = OPTIMAL Best or most favorable status for this child in this area (taking age and ability into account). Child is doing great! Confidence is high that long-term goals or expectations will be met.	**ACCEPTABLE**
	5 = GOOD Substantially and dependably positive status for the child in this area, with an ongoing positive pattern. This status level is consistent with attainment of goals in this area. Situation is "looking good" and likely to continue.	
REFINEMENT Status is minimal or marginal, possibly unstable. Make efforts to refine situation.	4 = FAIR Status is minimally or temporarily sufficient for child to meet short-term goals in this area. Status is minimally acceptable at this time but may be short term due to changes in circumstances, requiring adjustments soon.	
	3 = MARGINAL Status is marginal/mixed, not quite sufficient to meet the child's short-term objectives now in this area. Not quite enough for the child to be successful. Risks may be uncertain.	**UNACCEPTABLE**
IMPROVEMENT Status is problematic or risky. Act immediately to improve situation.	2 = POOR Status has been and continues to be poor and unacceptable. Child seems to be "stuck" or "lost" and is not improving. Risks may be mild to moderate.	
	1 = ADVERSE Child status in this area is poor and getting worse. Risks of harm, restrictions, exclusion, regression, and/or other adverse outcomes are substantial and increasing.	

QSR-CFSR Interface

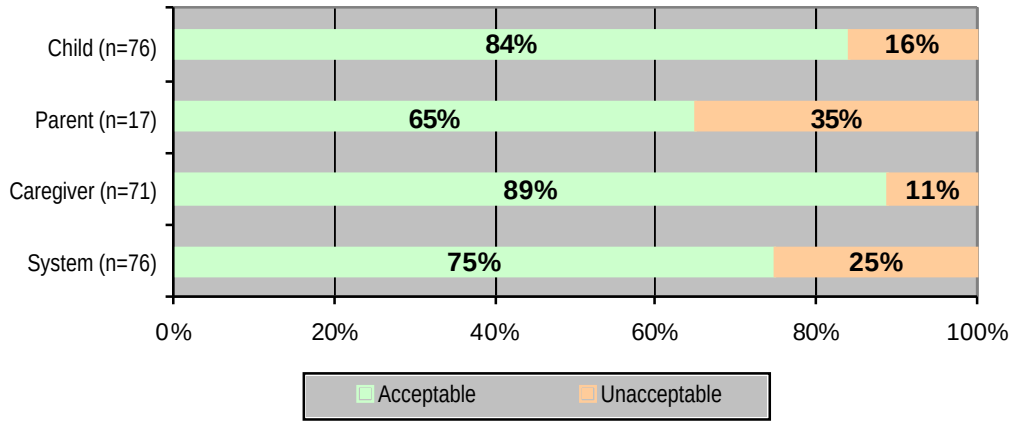
The Children's Bureau in the Administration for Children and Families within the U.S. Department of Health and Human Services conducted CFSA's second Child and Family Services Review (CFSR), of 65 cases, in June, 2007. Federal reviewers conduct CFSRs in each state on a cyclical basis. The CFSR review instrument includes indicators similar to those in the QSR; many of the strengths and challenges the CFSR revealed were similar to findings from our QSRs. (We note these parallels throughout this report.) The District must address challenges the CFSR identified via a Program Improvement Plan (PIP). CFSA will use the QSR process to monitor progress on some areas of the PIP, such as engagement of fathers and use of Structured Decision-Making© tools. The CFSR uses a rating system that mirrors the acceptable versus

unacceptable QSR rating scheme, which is the reason for our reporting QSR results by status rather than zone.

Summary of 2007 QSR Results

Figure A summarizes overall findings about child, parent, caregiver, and system status for the 76 cases we reviewed in 2007. Charts with data for each indicator appear in Appendix A.

Figure A: Summary of Overall Status, 2007



Overall, children's status was acceptable in 84% of cases. The highest rated child status indicator was safety at 93% acceptable. Life skills development was the lowest indicator at 51% acceptable; however, this indicator only applied to 39 youth. Permanency prospects were only rated acceptable in 58% of the cases reviewed.

Parent status was rated for children involved in an in-home case or with a goal of reunification. If parents were involved but the goal was not reunification, reviewers described their participation in the case story but did not rate it quantitatively. Eight children reviewed were living with a parent, seven in in-home cases and one under protective supervision, while nine had a goal of returning to live with a parent. The low number of parents rated makes it difficult to draw conclusions or infer trends. Lack of effort to involve parents is a systemic challenge discussed later in this report.

Caregivers of all kinds, including foster parents, kinship parents, and congregate care staff, received high ratings. Details appear in the Strengths section of this report.

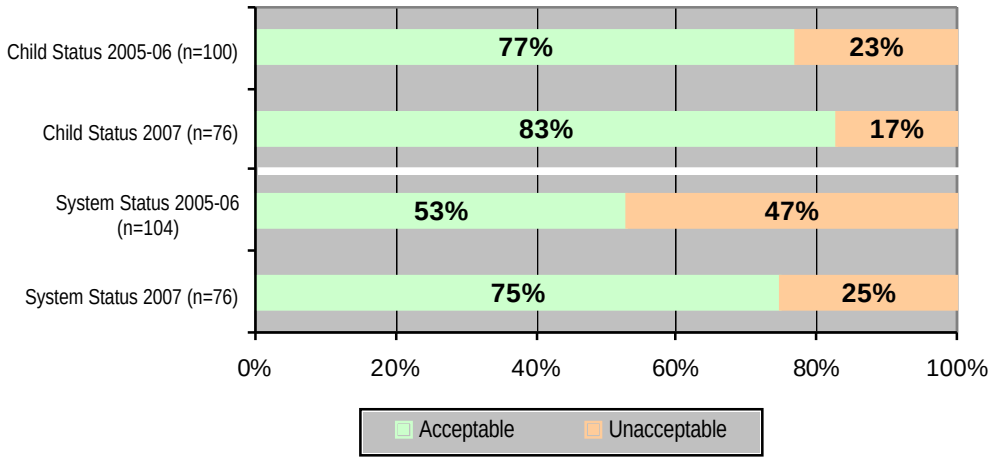
System indicators with the highest aggregate ratings included engagement (acceptable in 75% of cases) and coordination/leadership (acceptable in 76% of cases). Lowest-rated indicators were teaming, case planning, and pathway to safe case closure –each rated as acceptable in only 61% of cases. CFSA cases included nine children living at home. Their overall system status was the same as that of out-of-home cases, acceptable for 89% of the cases. Only 63% of private agency

cases reviewed were rated as acceptable for system status, however, leading to a much lower rating for the child welfare system as a whole. This finding is addressed in detail in Section 3.

QSR Over Time

While previous QSRs are not completely analogous to the 2007 QSRs, it is still worthwhile to look at how overall status has changed over time. The Fall 2005 QSR (40 cases) was a broad review that looked at cases with all permanency goals. In Spring 2006 (40 cases), the QSR Unit reviewed in-home cases, and in Fall 2006, we looked at cases involving teens (25 cases). The Fall 2005 and Fall 2006 QSRs included some private agency cases. In comparison to the reviews in 2005 and 2006, both child and system status improved in 2007 (Figure B).

Figure B: Historical Comparison of Child and System Status



2. Findings

Quantitative data from the indicators was used to identify areas for deeper analysis. Case story examples generally illustrate specific strengths or challenges. The sections that follow highlight some of these trends. Select highly-rated indicators are described in more detail in the Strengths section; similarly, a sample of low-rated indicators is described in the Challenges section. We should note that areas identified as strengths were not rated as acceptable in 100% of cases, nor were challenges rated as unacceptable in every case. In fact, areas described as challenges were rated acceptable in most cases, but the percentage of acceptably-rated cases was lower than other indicators. These issues were highlighted because they illustrate specific areas of needed practice change identified in the QSRs.

Strengths

Health/Physical Well Being

Acceptable
86%
Unacceptable
14%

As was found in the CFSR, children were receiving timely and appropriate medical and dental services, yielding a finding of 86% acceptable cases. In every case in which reviewers in unit-based QSRs made a recommendation about health issues, social workers had addressed it by the time of the 60-day follow-up.

At least eight children were described as overweight, but in each case the situation was being addressed. Children were seeing nutritionists, exercising, and had lost weight in many cases. Case #57 provides an example:

> *The focus youth is current on all medical, dental, and vision appointments, but is extremely overweight for his age and height. He has seen a nutritionist and a gastroenterologist about the weight issue. There was concern that he may have a fatty liver, and a liver biopsy was suggested. At his most recent follow-up appointment, the doctor decided to delay the biopsy because the youth has started to lose a few pounds. He will return to the doctor for another follow-up appointment in the future.*

Education

Acceptable
82%
Unacceptable
18%

Academic/learning status was acceptable in 82% of the cases reviewed, a finding that also correlates with results of the CFSR. Children were getting therapy at school, receiving appropriate Individualized Education Program (IEP) services, and were in appropriate school placements.

Of the 59 school-aged children in the sample, 20 attended special schools. Another four attended regular schools but were receiving some special education services. Thirty-five were in regular education classes full time. Eight youth had graduated from high school; three were attending college. One youth was participating in Job Corps and working toward her high school diploma. Five youth had problems with truancy, but only one youth had dropped out of school completely. Fifteen children were described as making above-average grades; 30 received average grades; and 14 children were described as making below-average grades or failing. Fifteen children received tutoring services on a regular basis.

Following are examples of children's success in school.

> *The focus youth is in the eleventh grade at a full-time special education school. This is a new placement for the youth as of September 2007, but the change was advocated for by the youth as he did not feel academically challenged at his previous special education program. The youth indicated that he "loves" his new school. While he has only been there for approximately one month, there have been no behavioral or academic concerns, and it was reported that the youth is passing all of his courses and is adjusting well to his new environment.* (Case #46)

The focus child has also been in the same school for the past two years. He is currently in a third grade mainstream class, although chronologically he should be in the fourth grade. He has a current up to date IEP and is receiving speech therapy two times weekly and is being pulled out for reading four times a week. His last report card had above-average ratings in subjects and skill development areas. He attends school daily and was described as very friendly and is often encouraging his classmates to do the right thing. He also attends an after-school program and enjoys participating in seasonal sports activities. (Case #39)

Emotional/Behavioral Well Being

Acceptable **79%**
Unacceptable **21%**

Emotional and behavioral well being were acceptable in 79% of cases reviewed. While many children had DSM diagnoses, they were receiving services to meet their mental health needs. Thirty-nine children and youth were receiving therapy. Others had previously participated in therapy and achieved their therapeutic goals. Following are examples of children and youth who were doing well in this area.

Therapy has focused on the following issues: anger management both at school and home, separation anxiety, and adoption issues. The therapist works with the school and the foster mother in utilizing behavior management techniques such as: the 'ugly face pillow,' self-soothing time-outs, and using his verbal skills over hitting others. (Case #21)

Receiving in-patient and residential treatment has had a positive impact on the youth. Issues related to losses/grief have been managed well through art therapy. The child is reported to be self-motivated, accepts consequences, follows structure, expresses her feelings and has developed good stress management skills. The youth has developed internal self-control and expresses insight into how her past behaviors have impacted her current situation. She professes a behavioral change. (Case #61)

The focus youth is no longer receiving therapy. His previous services were terminated, as the issues were ameliorated and the need no longer existed. It was agreed upon between the focus youth and the therapist if the need for services came about he could return. The focus youth stated he felt the therapy was helpful but no longer needed as well. (Case #48)

Caregivers

Acceptable **89%**
Unacceptable **11%**

Caregivers of all kinds, including kinship parents, foster parents, and congregate caregivers, were doing an excellent job of meeting children's needs. Following are examples of quality support a variety of caregivers were providing to children and youth.

The teen mother independent living program in Case #15 was providing excellent support for a young woman, age 19. The program staff "*provide ongoing life skills training to the youth and maintain regular contact even though the youth is living off site in the community. They appear to be very sensitive to the emotional needs of the youth and have demonstrated this during a difficult period of the youth's life, when she needed emotional support and assistance. The*

program staff is very involved with the agency and maintain contact with the social worker and participates in the court hearings. They ensure that the youth's individual treatment plan is reviewed in a timely manner and that the review is convenient with the youth's schedule to ensure her participation. The reviews are conducted at the youth's apartment. The program seems to be working closely with the youth to make sure she is well prepared for independence."

The paternal grandparents in Case #25 were meeting their granddaughter's physical and emotional needs, as well as participating actively in the case as it moved towards finalization of guardianship.

> *They are involved with the focus child's school and ensure that her health needs are addressed. The grandparents also initiate visits with the maternal extended family with the focus child and her siblings at holidays. They are also willing to facilitate any additional visitation with other siblings or family members with the child. They were described as having a positive attitude and being very nurturing and attentive towards the focus child. The grandparents appear to be very involved with the case planning process and communicate regularly with the social worker regarding any issues or concerns regarding the child. They actively participate in the court proceedings on a regular basis.*

The pre-adoptive parent in Case #52 is in the process of adopting the 8-year old focus child and his brother.

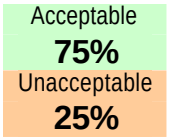
> *She appears to be providing appropriate care that is warm, nurturing, and supportive. The foster mother reports she takes 30 minutes daily to focus solely on her relationship with the identified child, talking with him about his day and any concerns he has. She closely monitors and supports his academic development, health care, recreational activities, and the progress he is making. She has a binder with copies of all related reports, prescriptions, and other information on the child. She appears very well organized in terms of information and understanding of this child and his needs. The foster parent takes the child to all scheduled appointments. She and her biological family participate in family therapy sessions with the child when requested by the therapist. The foster mother maintains an open and cooperative relationship with the other team members working on behalf of the child, including the case worker.*

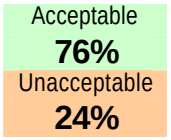
Case #53 involves a youth, age 20, who has made great progress in a foster home since release from jail three months before the review.

> *The focus youth . . . had significant improvements in his behavior and lifestyle, which many attribute to his foster mother. She is able to provide him with a family setting and a structured environment with a good balance of autonomous decision-making. She is very supportive and motivates him to continue his employment search efforts despite the setbacks. She communicates often with the social worker and the new mentor to ensure that she is on the same page with the focus youth's plans and can reinforce them at home. She has coached him on his presentation and interviewing techniques.*

Foster parents of the 17-year old young woman in Case #47 were brand new but *"do not appear to be 'ruffled' by the very behaviors that have made it extremely difficult to find the youth a stable foster or pre-adoptive home (i.e., chronic abscondence, truancy, and promiscuity). The foster mother stated: 'She'll run away and when she comes back she will still have a bedroom to clean and a book to read. She needs to learn that we work things out.' Even in the short period of placement, the foster parents have demonstrated strong engagement through educational advocacy and have prior experience with the special education system, so are well able to advocate for the youth's needs in this area."*

Engagement and Coordination/Leadership





Engagement and Coordination/Leadership were two of the highest rated system indicators. The social worker leading the team and communicating with the right people are the first steps toward a successful team that plans for permanence. Social worker regularity in communicating with all parties, including the child/youth, biological family, caregivers, and service providers, is vital. In three-quarters of the cases reviewed, the social worker was achieving this standard at an acceptable level.

In Case #5, the in-home social worker successfully created a relationship with a mother who was initially very resistant to the agency's involvement with her family. The social worker's persistence led to positive outcomes for the children.

> *[S]he was able to engage the mother and the children and now has a good relationship with the family. The mother is no longer resistant and appears to be working cooperatively with the social worker to achieve safe case closure. It was evident that through the social worker's coordination and leadership, the children were enrolled in school in a timely manner.*

In out-of-home cases, it is important to engage with both the biological and foster families. Case #42 demonstrates excellent communication with the family and other participants in the case.

> *The social worker is working diligently with other team members, school, foster parents, and notably the biological mother. He is initiating multiple forms of contact with each team member and is effectively managing a team for the child. The case manager visits her in her foster home and daycare setting at least monthly and attends some of the weekend visits with the biological mother. He has phone contact with foster parents and daycare provider at least once a week and with the biological mother several times a month.*

The social worker in Case #3 *"has established a relationship with both the mother and the children. The mother stated that she liked her social worker and felt that she helped the family to get to where they are today. The social worker was identified as the coordinator and leader of the case and has been very proactive in making the necessary referrals for the family and assisting wherever necessary to move towards case closure.*

Assessment/Understanding and Implementation

Acceptable	Acceptable
71%	**70%**
Unacceptable	Unacceptable
29%	**30%**

Assessment and Understanding of child/family needs and Implementation of services also received good ratings. Social workers and other team members were using formal and informal assessments to identify needs and were implementing appropriate services or making appropriate adjustments to case plans. Many children and youth were connected to tutors, mentors, and therapists.

Team members in Case #10 used their collective understanding of the focus child to assess the appropriateness of recommendations from an evaluator.

> *A developmental evaluation was completed on the target child, and the psychologist made recommendations for the target child based on this evaluation. Apparently, everyone on the case disagreed with the psychologist's recommendation and immediately took steps to refute the evaluation. The GAL initiated a meeting at the school to discuss the recommendations made in the report. The matter was presented in court and as a result the court deferred the recommendations made by the psychologist.*

In Case #36, the team identified a problem, implemented a service, and ensured achievement of goals of that service.

> *Previously, the agency raised concerns with the grandmother's ability to effectively parent the focus youth, especially with her ADHD symptoms. The agency instituted services provided by Beyond Behaviors . . . . She made significant progress and as a result, services were terminated approximately eight months later. The social worker and other team members feel that the grandmother is now able to adequately parent the focus child and her sister.*

The in-home social worker in case #4 *"has a clear understanding of the weaknesses and strengths of this family. She continues to be able to adapt to the continuous changes in the household, including the older brother leaving the home to live with his father and then returning to his mother's home. With these constant changes, the social worker has been able to adapt her case plan to lead the family towards case closure. The social worker seems to have a clear understanding of all issues affecting this family, such as school, health, and housing. She has been able to engage the father of the older brother. She has identified and implemented resources for the mother, including in-home therapy for the family."*

In Case #72, the team was rated highly in both assessment and service implementation.

> *There is a positive overall assessment of the youth's history, present, and basic knowledge of how the case should move forward towards case closure. The team understands the biological family issues and how important family connections are to this young man. They see that the youth has loyalty issues and anxiety over the pending adoption and are trying to be sensitive to these issues. Service implementation is a strength as this family receives adequate services and no one was able to suggest additional services for right now. The foster mother indicated that she is highly satisfied with her foster care agency and with the service providers."*

Challenges

Family Connections

Acceptable	Unacceptable
62%	38%

This indicator describes the system's capacity for keeping children and youth in foster care involved with their biological parents, siblings, and extended family. The indicator for maintaining family connections was acceptable in 71% of cases reviewed in 2005-2006, but dropped by 9% in the 2007 QSRs.

Insufficient Involvement of Biological Parents. Similar to results of previous QSRs and the federal CFSR, findings indicate that continuously engaging biological parents, especially fathers, in the lives of their children remains a challenge for social workers across the District's child welfare system. Contact between children or youth in out-of-home care and at least one biological parent, most often their mother, was reported in 37 out of 67 cases. In only 13 of these cases, however, was the parent being supported maintaining contact with the children. The majority of parental involvement was occurring informally, without assistance from the social worker or other team members. In 21 cases, the identity or whereabouts of at least one biological parent was unknown, but diligent search efforts were used to locate that parent in only two cases. In other cases, team members had contact information for parents but were not engaging them because the child's goal was no longer reunification or the parent had not been involved in the child's life for an extended period.

For example, in Case #58, which involved a two-year-old boy who had a goal of guardianship with a relative but was placed in therapeutic foster care, the social worker was not engaging the biological mother, who has mental health issues. The biological mother visited regularly with the child and his siblings when they were placed in a temporary, emergency placement, but the visits stopped after the children transitioned to a therapeutic foster home a year ago. Mother reported she was not informed of the transition, and her request to continue the existing visitation schedule was denied because it conflicted with the new social worker's schedule. The social worker admitted she did not attempt to meet with the mother to discuss visitation with the children.

Case #46 provides an example of lack of effort to locate a parent because the child was in a stable foster home. For this 17-year-old with a goal of APPLA, it was reported:

> *…the foster family is "all that he needs". . . . In addition, no one has attempted to locate the birth father or his extended family even in terms of being an additional support for the youth as he ages out of the child welfare system. One team member stated that the youth has "successfully worked through his abandonment" by his father. Because the youth is stable and loved in his foster home, the team has neglected to engage the youth in discussions about his feelings related to his birth family.*

Fathers were involved with their children in 14 cases, but social workers were not always aware of the involvement. Team members reported actively engaging fathers in only two cases.

In Case #46, one team member reported: *"No one knows how to get in touch with the father; however, another team member cited the name of the street where the father lives."* The social worker assigned to the case was not aware that the youth had visited her father before entering residential treatment, nor did the social worker inquire about the youth's father. Similarly, in case #10, the child had a goal of reunification with her mother but was visiting her father and paternal relatives regularly. The social worker was not aware of the frequency of the visits and was not considering the father as an alternative placement or exploring paternal relatives as informal supports.

Until termination of parental rights, it is not too late to involve biological parents in their child's life. In cases where team members deem biological parent involvement not in the child's best interest or where the parent chooses not to be involved, social workers must still make documented efforts to engage parents because they may provide information about other family members who could serve as informal supports to the child.

Factors Contributing to Preserving Family Connections. When family connections were being preserved, one or more of three factors were found: involvement of the extended birth family, foster parent engagement in maintaining connections, and siblings placed together or visiting regularly.

We found cases where maternal—but not paternal—relatives were known, but overall, most cases had at least one extended family member identified as a support for the child or youth. In at least 10 cases, relatives were pursuing guardianship or adoption. Foster parents were also supporting children and youth in maintaining connections with their biological family by providing transportation to visits, allowing families to visit with children at their foster homes, and encouraging telephone contact between the child and family. Almost half of children in the sample were placed with at least one of their siblings, and three quarters were visiting with at least one or more of their siblings placed separately in foster care.

The focus child in Case #22 was with his sibling in a guardianship placement with their maternal grandparents and was participating in bimonthly, supervised visits with his two other siblings in foster care. The grandparents were providing transportation and assisting the child's social worker with supervision of the visits. In Case #64, the focus child and her two siblings were in separate placements, two with maternal relatives. The children were visiting each other weekly with other biological family members, and two of the children attended the same school. Although the visits did not require agency supervision per court order, the social worker was aware of the frequency of the visits and had knowledge of what occurred during the visits.

These two case examples demonstrate the system engaging biological family members and foster parents in collaborating to ensure children and youth in foster care maintain connections with their relatives. Preserving appropriate bonds with biological family greatly improves a child's overall well being.

Case Planning

Acceptable **61%**
Unacceptable **39%**

Although assessment of needs and implementation of services were strengths, teams struggled to create and implement case plans that focused not only on stabilizing the child, but also on safely closing the case. Case planning includes assessing the individual strengths and needs of each child or family, identifying an array of services that build on strengths and meets needs, and making appropriate adjustments in service strategies to acknowledge and expand or to stimulate progress. Youth and their families should be actively involved in case planning, and case plans should include time-limited, measurable outcomes leading to permanence and safe case closure. Case planning is not merely a written document but the process of actively following a "roadmap for positive change." Social workers are completing written case plans for 96% of children and families[1]. Case Planning Process, rated as acceptable in only 61% of cases, was one of the lowest-rated system indicators in the 2007 QSRs. While this is a 14% increase over the aggregate data from 2005-2006, it is evident that moving beyond quantity to quality development and implementation of case plans continues to challenge the system.

Teams were not sufficiently identifying upcoming transitions and planning proactively. In addition, lack of concurrent planning was evident, although it is an essential approach to achieving permanence promptly.

Concurrent Planning. Development and implementation of concurrent and transitional planning was not standard practice in the cases reviewed. Concurrent planning provides for reunification services or another established goal (guardianship, APPLA) while simultaneously developing an alternative plan for permanence. Of the 76 cases reviewed in 2007, only four had clear evidence of concurrent case planning. Of the ten cases with reunification as the goal, only one had a concurrent plan.

The 2007 QSRs provided multiple examples of a need for concurrent case planning. One case (#50) is of a five-year-old with the goal of adoption who resides with his maternal great-uncle. Reviewers indicated that: "*The case plan reflects the minimal tasks to be completed, rather than identifying and describing what is needed to achieve permanency for the child and prevent re-entry into the foster care system.*" The need for concurrent planning is essential in this case to address concerns regarding appropriateness of this placement. According to the uncle's mental health provider, he "*should not be considered as a placement for the child.*" Reportedly, the social worker has not explored or verified this concern.

Case #44 highlights another sad lack of concurrent planning. This 14-year-old resides in an RTC. The team changed her goal to APPLA when it became unlikely that permanent placement with her paternal grandparents would occur.

> *One team member anticipated the youth would remain in the child welfare system until age 21. Other team members indicated taking a wait-and-see approach to determine how well the youth progresses in RT before moving forward in permanency planning."* In addition, "*The youth's team does not contain any family members. The team is not reaching out to identify and engage interested family members. The identification of kin*

[1] FACES management reports CMT 163 and CMT 164

permanency prospects has not been exhausted. The youth's informal supports and community connections are not being maintained to ensure she has a supportive network to turn to when she is discharged from RT and returns to D.C.

Another example of the absence of concurrent planning is a reunification case involving a one-year-old child who has been in foster care since late 2006 (Case #59). The case story indicated that:

While the mother is participating in parenting class and some domestic violence classes, individuals are unable to articulate the demonstrated changes in the mother's behavior or interactions due to these classes. In addition, the mother is not consistently participating in therapy. There has been no concurrent planning on this case to explore permanency options other than reunification.

The social worker has attempted to engage the father, but he is not participating in services (domestic violence counseling, substance abuse classes, and therapy) as required. With regard to safe case closure:

There was discussion that if the children are reunified, the intent would be to request protective supervision for a period of time. There was no further discussion of the steps that would be taken with the mother to ensure that she could protect these children if reunification was the outcome."

Transitional Planning: Another facet of case planning is transitional planning for children and teens being reunified with parents, returning to their community from residential treatment, or aging out of foster care. Transitional planning involves acknowledging the transition and developing clear, proactive steps to successfully move a child from one stage to another. Without this thoughtful movement to the next stage, the likelihood of negative outcomes for the child increases.

An example of inadequate transitional planning was Case #55, in which a young woman, age 19, was in a therapeutic foster home with a permanency goal of APPLA. She was terrified that she will be homeless and alone on her 21st birthday, but she shuts down and refuses to participate in planning for her future. Team members expressed concern that one of her past coping mechanisms was to engage in self-injury (cutting). While the team has displayed good communication skills and has attempted to engage the youth, they seem to be unable to create a clear case plan with proactive steps to move the youth to safe case closure. The case story indicated,

The team is aware of the youth's negative responses to stress, yet this awareness seems to have handicapped their ability to move forward in the case planning process even though her 21st birthday is quickly approaching. One person stated, "Her future keeps me up at night. It will be so difficult. She could go either way."

No contingency planning is evident for the worst-case scenario of deterioration in this young woman's mental health, although several team members believe she could be engaging in self-

injurious behavior due to her stress level. One person said, *"We can't pretend this stuff isn't going to happen."*

Another illustration of inadequate transitional planning surfaced in Case #61. The focus youth, age 16, resides in a residential treatment facility. An older sister is in the process of becoming a foster parent to obtain guardianship of the youth.

> *No collaborative planning meetings have been held between the RTC and the child welfare agency. Persons are usually contacted prior to court proceedings. The sister has not been included in planning meetings. No one seems to be aware that the sister still plans to request guardianship of the youth, or that the youth plans to live with the sister. The sister feels that people have 'given up' on her as a viable resource for this child. No other family members are involved or invited to participate in her care or planning. This lack of planning and communication decreases the benefit of using maximum resources on behalf of this child for successful outcomes and case closure.*

This young woman has no clear transition plan. Her impending discharge from the RTC is contingent upon identification of a suitable foster home; however, no foster home has been identified. If the team does not identify a suitable home soon, it is unclear where the youth will reside.

Quality Case Planning. Despite significant evidence of lack of concurrent and transitional planning, we also found examples of quality case planning. For example, Case #75 tells the story of a young man, age 19, whose team has conducted effective case planning. The child welfare system has supported him in his endeavors.

> *The system has worked in all aspects of this youth's life. . . . He has been involved with a team of people who have helped him bring his goals and ideas to fruition. The foster parents are also completely engaged in the process. All family members feel that they play key roles in the decision making process. They feel like they make the decisions and their input is valued*. [The focus youth] *has had the same social worker for the past three years and [the social worker] has been supportive and able to coordinate all of the child's needs. All the right people are on this team. . . . The team communicates regularly and discusses issues as they arise. All members are clear what the goal is, what the youth's strengths are and how he can become a responsible adult.*

As this young man approaches his 20th birthday, it is time to plan for his transition from the child welfare system. *"The team is right on schedule with the plan. An emancipation planning meeting will be scheduled with the team prior to the next court date."*

Case #66 provided another example of effective case planning. The focus youth is an 18-year-old high school graduate and the mother of an 18-month-old boy.

> *The case manager is newly assigned (within 60 days of the review) but exhibited a facility for the history and current details of the case. The transition from the previous social worker (who was assigned to the case for close to two years) to the current social worker*

was a 'textbook' transfer, which involved the case manager shadowing the departing case manager for 30 days prior to the latter's departure.

Case #4 demonstrates the benefit of updating case plans as circumstances change.

[The social worker] continues to be able to adapt to the continuous changes in the household, including the older brother leaving the home to live with his father and then returning to his mother's home. With these constant changes, the social worker has been able to adapt her case plan to lead the family toward case closure. The social worker seems to have a clear understanding of all issues affecting this family, such as school, health, and housing. She has been able to engage the father of the older brother. She has identified and implemented resources for the mother, including in-home therapy for the family. The worker regularly speaks with the Collaborative worker, and the case plan is thorough and complete.

When the QSR specialist conducted the 60-day follow-up to assess implementation of recommended next steps in this case, she found the social worker actively addressing challenges. The social worker had updated the goals the family must accomplish in light of the new situation.

The social worker reported that prior to closing, the mother must continue to work with the Collaborative, must provide proof of paying all the outstanding court costs, and must have the teen involved in therapy. One case note specifically outlines that the social worker met with the birth mother and reviewed the expectations for case closure.

Permanence

Acceptable
61%
Unacceptable
39%

Permanence (Pathway to Safe Case Closure) rated as 51% acceptable in 2005-2006, so the 2007 finding represents a 10% percent increase. Too many children and youth in care are not achieving their permanency goals in a timely manner, however. Reviewers identified specific barriers to achieving permanence as well as examples of what works well in achieving positive outcomes for children and youth in care.

Lack of Urgency: We found evidence of a lack of urgency among numerous team members, including social workers, lawyers, judges, services providers, and families, all of whom appear to be allowing children and youth to languish in foster care.

Case #25 involves a ten-year-old who has been in kinship care with her paternal grandparents with a goal of guardianship for over seven years. One social worker has been managing this case for about four years. At the time of the review, the grandparents expected to finalize the guardianship in court within the month. The grandparents were excellent caregivers and have provided a stable home for this child since her placement with them. No one could provide a definitive reason why guardianship had not been finalized earlier in the case, however. The grandparents admitted they were slow in completing paperwork and also reported that the process had to be restarted more than once during the life of the case. It appears that since this child was in a stable placement that met her needs and allowed her to remain with family, team

members, including the grandparents, were not motivated to expedite permanence and safe case closure.

In another case (#53), a young man, age 20, had been in care since age 12. His goal has been APPLA for the past five years, but he has no viable plan for independent living or the necessary resources and skills to succeed without extensive support when he exits care in six months. There is little to no communication among team members on this case. The social worker and other key team members are not aware of all the services available to this youth.

> *Unless team members become committed to working together for the focus youth and work expeditiously, the focus youth's status is likely to decline. There needs to be very diligent efforts made as well as support for the focus youth to ensure that he is discharged from foster care with a solid housing plan and supportive services in place. There seems to be no sense of urgency among the team members in regards to the focus youth's impending homelessness in the next few months."*

In each of these cases, children or youth have been in care for years without achieving permanence due to team member lack of a sense of urgency for achieving safe case closure.

Need for Reassessment of Permanency Goals: Another barrier identified is not choosing the most appropriate goals for children, given their needs and situations. A family member or resource family was potentially willing to be a permanent placement, in many of these cases, but had not been asked to provide a home for the focus child. In others, all permanency goals had not been explored thoroughly. In most cases identified, reviewers were concerned that a youth with the goal of APPLA had possible permanent resources, although there were cases in which the goal of reunification or guardianship did not seem to be the best option.

In Case #28, a sixteen-year-old youth and her five siblings have had a goal of reunification for the three years they have been in care. At the time of the review, four siblings had already returned home to their mother and the fifth was scheduled to return shortly. *"The youth's mother satisfied the requirements for reunification,"* but instead of reunifying with her mother, the youth's goal was abruptly changed to APPLA. The judge unilaterally changed the goal and left some team members, including the mother, stunned.

> *There are no viable reasons why efforts to reunite the focus youth with her mother were terminated and her goal was changed to APPLA. The judge in this case has suggested a goal of APPLA may be more suitable for the youth because she will be eligible for CKL services and college financial assistance. However, because the youth was committed to CFSA before her 16th birthday, she is still entitled to attend CKL and receive assistance for college. A goal of APPLA means the youth must remain in foster care for the next five years, when team members agree she could instead be reunified with her mother in the near future....For this youth, the system has not effectively demonstrated the importance of achieving permanency.*

For a girl, age 13, in Case #35, permanence is not in sight for another eight years. After residing with her maternal grandmother in kinship care for the past nine years, this child was placed in a foster home and her goal changed to APPLA at age 12.

> *Pathway to case closure is a major concern in this case. Persons interviewed felt that the focus youth was 'unadoptable' due to her age, their opinion that she would never consent to an adoption, and her oppositional-defiant behaviors that adoptive parents would not tolerate. The youth has not been asked about adoption or what it means to her, nor has the team discussed how or when to engage the youth in planning for her own future. There has been no discussion concerning the possibility of locating additional family members as a support for this youth.*

Other permanency goals had not been exhausted or even seriously considered before the goal was changed to APPLA, thereby depriving this youth of the opportunity to reach permanence much sooner.

The 16-year-old in case #43 had a goal of APPLA, but the father wanted to be a permanent placement. The system was unaware of his interest.

> *All parties involved with the youth have no substantive contact with her father, who was described as uninterested and non-compliant with services. However, he is very involved in the youth's life, caring for her during the substantial time she is 'in abscondance,' during which he provides for her financially, ensures her safety, provides her with her own room in his three bedroom apartment, and attempts to mentor her regarding her future. The youth is with him approximately half time. When they are separated, the youth and father or younger half-sister speak by phone several times a day.*

These three examples illustrate the need for thorough, careful consideration of permanency goals to ensure appropriateness. Social workers must guide service teams in evaluating and re-evaluating goals to ensure outcomes in the best interest of the child.

Concerns Regarding Post-permanency Resources. Another barrier to children achieving timely permanence is the real or perceived loss of services and support following case closure. In Case #19, a 13-year-old is still awaiting permanence after his aunt filed an adoption petition in early 2005. *"The caregiver has expressed to the agency and to the court that she has reservations regarding finalizing the adoption."* She was concerned about loss of support and services after the adoption is finalized and does not have the financial resources and ongoing support to care for this youth on her own. A recent court order indicated:

> *[T]he agency has made extreme efforts to achieve permanency in this case; however, [the focus youth] has emotional and mental health issues that are so precarious at this time that it would be against his interest to finalize the adoption in this matter until [he] is stabilized.*

The court recognized the significance of system involvement in this case, and instead of working to ensure that the external support this family needed was provided, opted to delay permanence to ensure necessary services.

In Case #40, *"The maternal aunt is refusing to finalize guardianship until she can be assured that the child's aftercare will be financed . . . . In court, it is reported that the judge has said the child and her brother may stay in foster care until they are eighteen, as not to be removed from their aunt's home. The aunt is not eligible for a daycare voucher."* Team members were searching for a solution to the problem but reportedly had not yet found one.

Without the right supports, caregivers who have learned to rely heavily on the rich array of services provided to committed wards may inhibit safe case closure and permanency for the children in their care. The obvious solution is identifying comparable services and supports within the communities in which these families reside. We must guarantee that caregivers are aware of their availability and facilitate their access to these services and support.

Factors Contributing to Positive Permanency Outcomes. Throughout the review, we encountered exemplary case practice that underscores what works well in helping children achieve permanence in a timely manner. Establishing measurable goals and realistic timelines for each step of the case plan ensures that the permanency goal is at its core.

In Case #20, the nine-year-old and her three older siblings look forward to being adopted within 14 months of placement in their pre-adoptive home.

> *All persons interviewed are knowledgeable about the time frame for the adoption, and the team is working diligently to achieve the adoption finalization. The pre-adoptive parents are also highly engaged with the other team members. They are aware of the time frame for adoption finalization and what needs to happen for the finalization to occur.*

Team members were in constant communication and planned and implemented services in a timely manner.

> *All team members share a similar assessment and understanding of this case. In addition to being diligent, they also made a careful decision to plan for the adoption by ensuring the family is involved in therapy for a period of time prior to finalizing the adoption.*

This team had service plans that included preparation for contingencies. The case is an example of the value of establishing clear guidelines and engaging all team members to ensure timely achievement of permanency goals. The sense of urgency among the team members is appropriate, tangible, and refreshing.

In Case #36, a six-year-old and her younger sister achieved permanence within 14 months of placement with their maternal grandmother. At the time of the 60-day follow up, the court had finalized guardianship.

The agency social worker is a very strong leader in this case. Team members praised the worker's ability to come into the case, make an assessment, and then work with everyone in order to move the case forward towards closure. There is a consistent team that has mostly positive communication, which leads to improved understanding and assessment of the child and family. Team members communicate with one another and keep each other informed of the progress of the case." Strong communication, as well as engagement of the caregiver, significantly improved outcomes for this child and her sibling. Due to constant communication, *"team members, especially the social worker, identified the grandmother's parenting needs and implemented the appropriate services rather quickly. It was because of this service that the agency and other team members concluded that the grandmother was better able to handle the needs of the child, which led to the decision that guardianship by this grandmother was an appropriate goal."*

3. CFSA and Private Agency Performance

For the first time since we began conducting QSRs, we have collected separately and compared data from cases managed by CFSA and contracted private agencies providing case management. Private agencies oversee the cases of approximately half of all children in foster care, and serve all children in therapeutic placements. Ratings for CFSA, private agencies, and the aggregate system are presented in Appendix A by individual indicator. Although the results from this QSR sample cannot be generalized to all cases managed by either CFSA or private agencies, they do illustrate themes regarding the general state of practice throughout the District's child welfare system. Most notably, CFSA cases rated acceptable in 26% more cases than private agency cases.

Because the focus of the QSR is on evaluating the quality of service provision to children and families, we can only hypothesize about the reasons for these disparate findings. Several possibilities follow.

- Differences in the characteristics of the respective CFSA and private agency cases may present different service needs or challenges:
    - The average age of children in the sample whose cases were managed by private agencies was 1.5 years older than that of children whose cases were managed by CFSA.
    - Similarly, the average length of time in care for children whose cases were managed by private agencies was 1.6 years longer than that of CFSA cases.
    - Only private agencies currently manage the cases of children placed in therapeutic foster care, who have by definition been diagnosed with emotional/behavioral disorders.

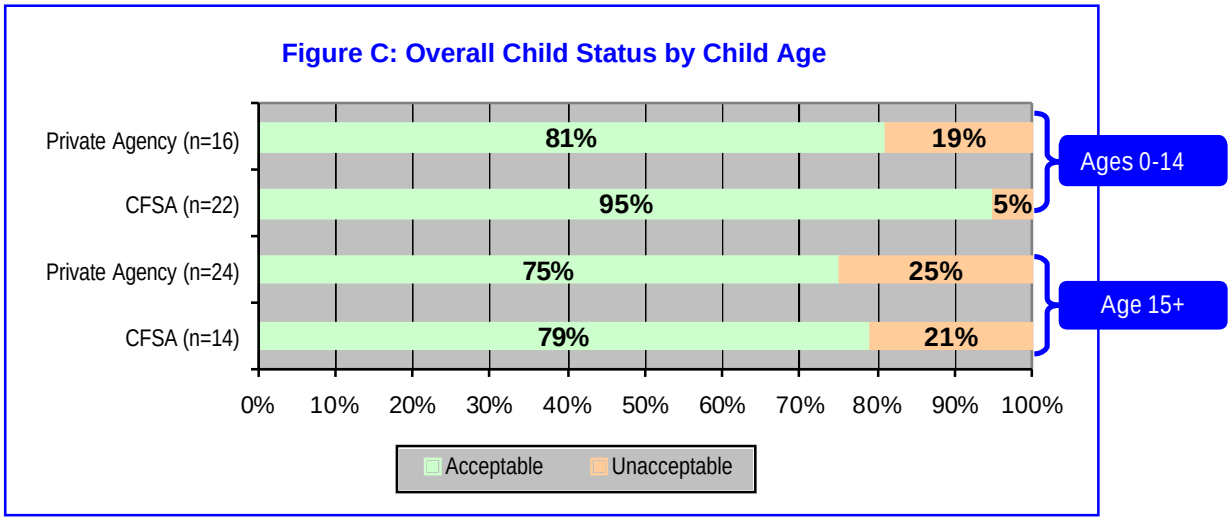
- Differences between the characteristics of the service delivery systems of CFSA and the private agencies may also have influence these results:

- The majority of the children in the sample whose cases were managed by CFSA were placed in the District, while those whose cases were managed by private agencies were placed in therapeutic homes located in Maryland. The distance of these placements from the homes and communities of children's birth families may present challenges in maintaining family connections and linking children and families to both formal and informal support systems .
- The private agency cases in the QSR sample often involved two or more agencies working with the same family because siblings were placed in separate foster homes, or had come into care at different times, so one agency had child case management responsibility and another was assigned responsibility for family case management. These arrangements were far less frequent among CFSA-managed cases in the sample. The involvement of more than one agency with a single family may have increased challenges to effective teaming, case planning, and maintaining family connections.

- Finally, the private agency cases in the sample shared a history of high rates of turnover among the social workers assigned to them since the focus children came into care. Research shows the high social worker turnover is associated with poorer outcomes for children in foster care. In this sample, it may have contributed to low ratings in assessment and understanding, and in case planning.

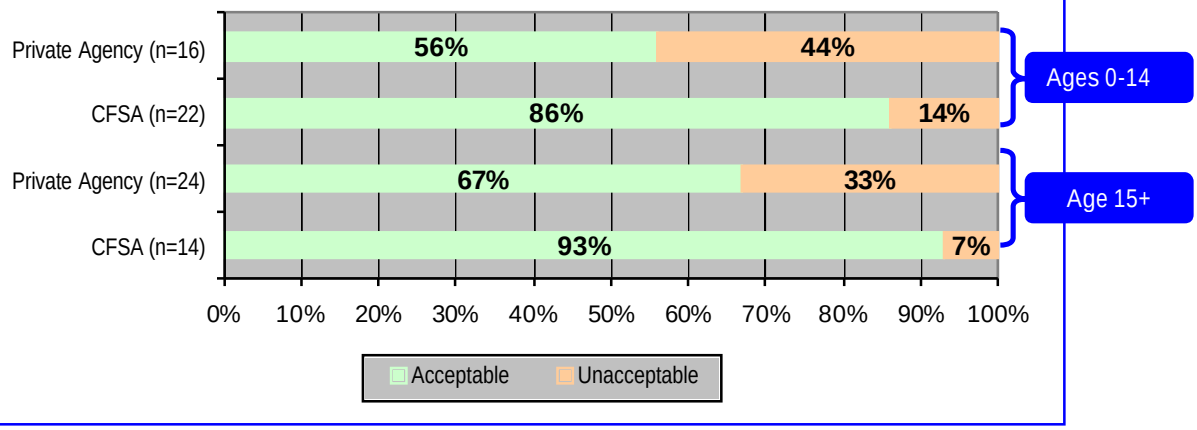
Age and Length of Stay in Care

Adolescents in foster care are at higher risk than younger children of exhibiting poor decision-making, engaging in risky behavior, absconding from placement, and being truant. In the 2007 QSR samples, private agencies had more cases of children age 15 and over than CFSA. Findings show that both CFSA and private agencies had a lower percentage of acceptable child status indicator ratings for older children versus children under age 14 (Figure C).



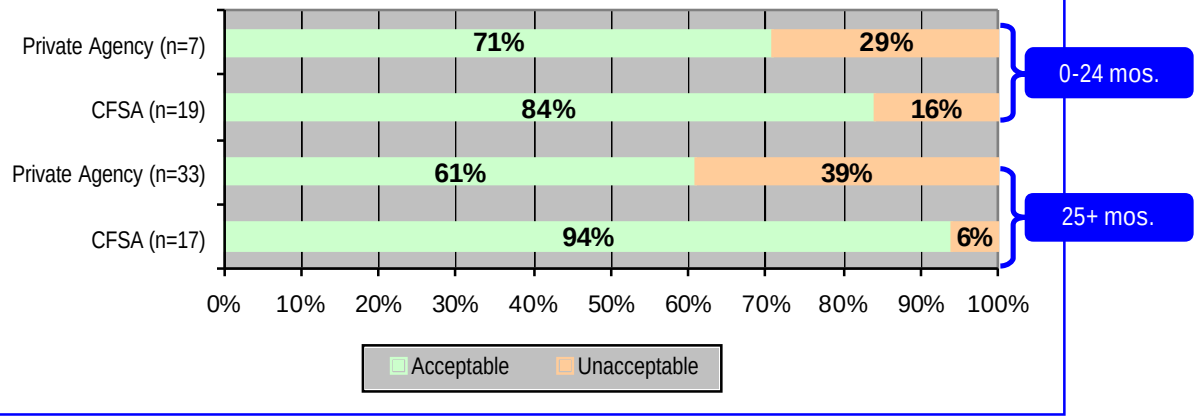
This disparity in overall child status ratings by age group did not translate to a similar difference in system status ratings (Figure D). Overall system status for both CFSA and private agency cases was acceptable at a higher rate for older youth. The difference in acceptable ratings between CFSA and private agency cases was 26%.

Figure D: Overall System Status by Child Age



Of the cases reviewed, private agencies were responsible for a higher number of cases that had been open for more than two years. These cases received a lower system status rating than those of children in care two years or less (Figure E). We did not see this trend with CFSA cases – CFSA cases rated higher for those that were open longer.

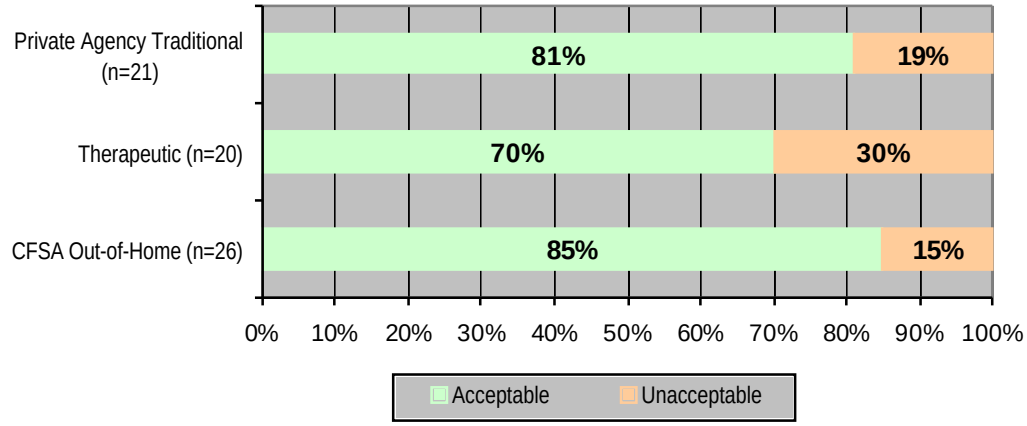
Figure E: Overall System Status by Length of Stay in Care



Therapeutic vs. Traditional

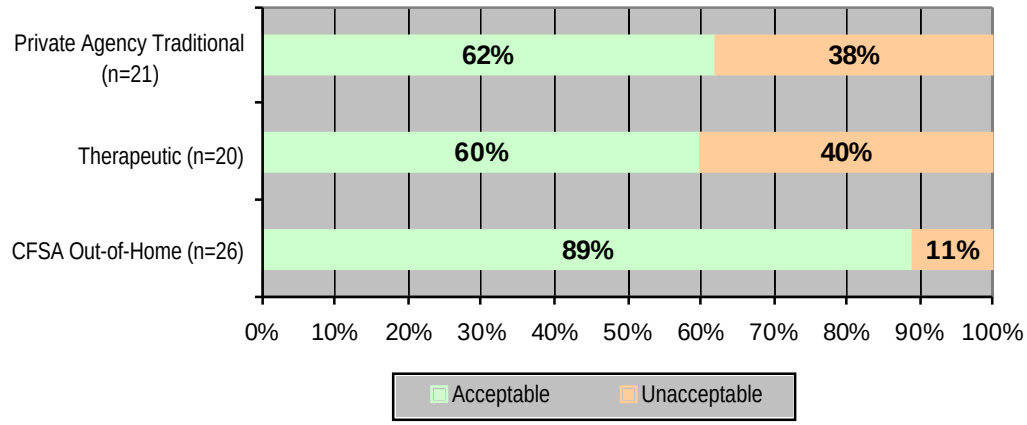
As Figure C shows, child status rated lowest in therapeutic foster homes[2]. To be placed in a therapeutic home, a child must have a DSM IV-R diagnosis. That these children are likely to have more – and more intensive – emotional/behavioral needs than those without a DSM IV-R diagnosis may account for some of the disparity in the ratings.

Figure F: Overall Child Status



Challenges specific to working with children in therapeutic placements do not wholly explain overall system status disparities between CFSA out-of-home and private agency cases, however. While overall child status was 9% lower for children in therapeutic homes than those in private agency traditional foster homes, overall system status ratings were similar for both groups (Figure D). Child status ratings did not match system status ratings; system ratings were lower for all private agency cases than child status ratings.

Figure G: Overall System Status



[2] One CFSA out-of-home case involved a child in a therapeutic placement. At the time of the review, case management had not yet been transferred to a private agency. We counted this case in the therapeutic category.

Children Living Outside the DC Metro Area

Seven (two CFSA, five private agency) children resided in Maryland cities 20 miles or more from the District. In some instances, this distance created a barrier to accessing services for children and youth.

In the case of a 20-year-old, *"A referral was made for the youth to the Center of Keys for Life (CKL) and to the Youth Aftercare Project with a local collaborative agency; however, the youth resides in Baltimore, making it challenging for him to travel to the District to participate in these services"* (Case #53). Attending the Center of Keys for Life was also a challenge in Case #67. It was reported the youth *"attends the Center for Keys for Life bi-weekly and would like to participate weekly; however, it is a challenge to attend given that she is now living in a Maryland county that is relatively far from the District, and would not get to the program in time after school on public transportation. Her foster father is able to bring her bi-weekly, but not more often than that, due to his and his wife's work schedules."*

Case #67 also depicts how residing in a placement outside the District can affect a youth's ability to maintain connections with siblings. *"The focus youth would like to have increased opportunities to visit with her siblings unsupervised . . . . The focus youth lives in Maryland, not close to public transportation, relying on others to take her to sibling visits."* Similarly, in Case #66, sibling visits were not occurring in a timely manner due to the distance between the youth's placement and those of her siblings. The siblings expressed a desire to spend more time together, but the system was not proactive in coordinating more visits.

In contrast, the child and team in case #42 did not seem to be negatively impacted by the distance of her foster home from the District. The child was consistently visiting her mother each week, and the foster parents reportedly *"feel well supported in parenting the child and are participants in all aspects of assessment, planning, and care."*

Although a minority of the cases involved children living outside the immediate DC area, distance from services may present a challenge and require connecting to providers near the child's placement.

Siblings Placed with Multiple Agencies

Ten children (two CFSA, eight private agency) had a sibling placed with a separate foster care agency. Having multiple agencies involved with a family/sibling group sometimes increased challenges to effective teaming, case planning, and coordinating efforts in preserving family connections.

In Case #74, involvement of multiple agencies was compounded with frequent turnover of social workers.

> *There is a huge breakdown in planning for this case as a family since the child is being served by one agency; the mother and older sister are receiving (family] case management from another agency; and the child is placed at an out-of-state facility. It*

> *was even indicated that it is almost impossible to keep the workers straight on this case because they change so often due to staff turnover or reassignment, and they have to be tracked for three agencies. There is no coordination between the agencies and even the court system treats them separately, all of which has contributed to this case remaining open for such a long period of time.*

Case #73 involved a family with completely different paths to permanence for the children whose cases were being managed by two different agencies. *"There are two dispositions for the siblings in this case, being serviced by two different agencies. For the focus child and her brother, the goal of reunification is supported by the AAG. In separate hearings with another agency which oversees the case of [another sibling], the same AAG reports that the mother is unable to care for her children; her parental rights should be terminated and this child should be adopted."*

The child in Case #72 was not visiting consistently with his sibling who was placed with another agency. *"The private agency staff indicated that they have asked staff at the sister's agency to talk with her about improving communication with her brother, and the response was that 'she has her own life.'"*

When multiple agencies work with a sibling group, they should agree on assessment of the family's needs, at a minimum. Further, all team members must work collaboratively to plan for permanence and coordinate visits to sustain connections among children and their families.

Social Worker Turnover

Several case stories specifically reflected how social worker turnover has affected case planning. This issue was more prevalent in the private agencies. Problems include lack of engagement with families, slow movement forward with case planning, and lack of understanding of current and historical issues in the case.

In Case #47, recurrent changes in social workers had a significant impact on case outcomes:

> (It led to) *poor engagement of the child and family, coordination and leadership, and team formation and functioning. While there are a number of service providers involved, most have not met the newest social worker, as she was assigned the case just three weeks prior to the review and has been in training since then…*(T)*he high rate of social worker and supervisor turnover has been extremely detrimental to the progress of this case. . . . It does not appear that any case planning has been accomplished in the past year, but rather there has simply been a 'managing' of or crisis response to the youth's behaviors.*

Case progress was negatively impacted by turnover in Case #61:

> *There have been multiple workers/supervisors assigned to this case, and there was a period in which no social worker activity occurred. This has impacted case movement. There does not appear to be a coordinated, agreed-upon, long-term view for this case.*

In Case #40, both child and family needs appeared to have suffered as a result of turnover among social workers assigned to the case.

> (The current social worker)*…is still catching up with details of the case. She has been working with this child for six months, and the prior worker was only on the case for seven months. There has been little stability and continuity for the child, family, and foster mother. Team members have an unclear and incongruent understanding of the child's emotional health needs.*

4. Recommendations and Next Steps

Individual Case Recommendations and Follow-up

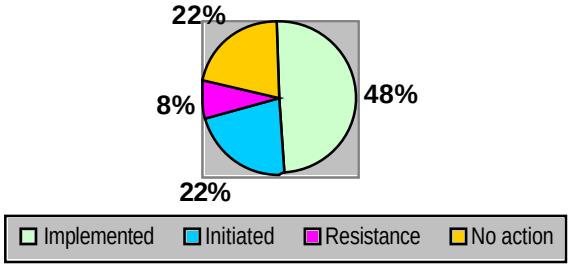
Each case story includes several recommendations by reviewers for next steps to address issues identified and to move the child to permanence. We have broadly categorized these recommendations to illustrate the areas most frequently identified as in need of improvement. Reviewers suggested a total of 403 next steps—five per case, on average. Table 6 shows the top ten categories of recommendations and the number of times reviewers suggested a step that fell into each category.

Table 6: Top 10 Categories of Recommendations

Rank	Category	Frequency
1	Permanence/Case planning	63
2	Refer for/participate in services	48
3	Teaming	42
4	Work directly with family	29
5	Communicate with service provider(s)	24
6	Address education need	24
7	Improve independent living skills	24
8	Social worker form relationship with family member	22
9	Increase informal supports	19
10	Initiate or increase family visits	19

QSR specialists made 199 recommendations during the 36 unit-based QSRs. When they returned after 60 days to evaluate whether or not social workers had acted on recommendations, they found social workers had implemented or initiated action on 70% (Figure H). In 8% of cases, the social worker had made efforts, but encountered resistance from another party in the case. We found no action on 22% of recommended next steps. We shared information from the 60-day follow-up with supervisors and program managers. Information gathered in follow-ups with social workers appears at the end of each unit-based case story (Appendix B).

Figure H: 60-Day Followup on QSR Recommendations (CFSA units)



Implementation of recommended next steps often led to progress in cases. One hundred percent of health or dental recommendations were followed or in progress. Team meetings were held and communication increased among social

workers, family members, and service providers. Children gained tutors and made progress on educational issues. Licensing issues were addressed to facilitate permanence. Three cases had successfully closed at the time of the 60-day follow-up, and three additional cases had projected closure dates.

Because we reviewed so many cases at one time during the large review, we could not follow up on recommendations for those cases. The QSR Unit, with other stakeholders, will explore ways to follow up on private agency cases in 2008.

Summary and Next Steps

Stakeholders from across the child welfare system will meet in early 2008 to discuss next steps in response to the findings of the 2007 QSRs. During this meeting, we will also discuss performance improvement strategies for all agencies (private and public) to minimize or eliminate performance disparities. As a guide for that discussion, following is a recap of major findings from the 2007 QSRs.

Strengths

- **Children's academic needs were being met.**
- **Children's medical/dental needs were being met.**
  Many children were overweight, and although it was being appropriately dealt with in all cases, this is a trend we should track.
- **Strong caregivers were meeting children's physical and emotional needs.**
- **Social workers were taking the lead in cases.**
- **Children's and families' needs were being assessed.**
- **Many services were being implemented.**

Challenges

- **Insufficient involvement of biological parents**
  Workers should reach out to both mothers and fathers throughout a case, regardless of the child's goal, until the court terminates parental rights, or unless engaging one or more parents is demonstrably not in a child's best interests.
- **Lack of concurrent planning**
  - Concurrent planning must start at the beginning of each case and should be considered for all cases, no matter how long they have been open.
  - Concurrent planning is not backup planning. Work on both plans should take place at the same time so that if one plan falls through, another is already in process and little time is lost toward case closure.
- **Lack of transitional planning**
  Children moving from one placement to another, changing goals, or aging out of foster care need proactive planning from their teams to ensure a successful transition.
- **Lack of urgency towards permanence**
  - Permanence should be the single most important focus of every case.
  - Teams should create timelines with concrete steps for achieving permanence.

  - If a child cannot return home and permanence cannot be reached in the current placement, another permanent home must be sought expeditiously. Stability is not a substitute for permanence.
- **Inappropriate permanency goals**
  - Social workers should invest time in searching for family members who can be connections or permanent resources for children in care.
  - Adoption for teens should be considered a viable permanency option, and should be thoroughly discussed with teens and their foster parents.
  - All other permanency goal options should be exhausted before APPLA is identified as a youth's goal.
- **Concerns regarding post-permanency resources**
  Resource families are reluctant to move cases to permanency for fear of losing access to educational and mental health resources, so we must either help them find other community-based resources, or consider expanding the range of CFSA-supported post-permanency resources, rather than allow children to remain in foster care indefinitely.